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REPORT ON DR. HODGKIN'S ESSAY ON FEVER.*

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THE committee, to whom was referred the paper of Dr. Thomas Hodgkin, beg leave to report that it has been attentively examined, and that it is creditable to the source from which it springs, and is worthy of the acceptance and consideration of this branch of the National Institute. The author is a writer of no inconsiderable note and standing; and if we are to judge only by the style and contents of this paper, is a man of high literary and professional attainments. He has evidently pursued the subject of pathological anatomy with great zeal and success. He has been no silent or unobservant spectator of the phenomena of nature—for, he was actively engaged in his profession whilst in Guy's Hospital. He appears to have been associated with many of the most eminent of the profession in Great Britain, while he is familiar with the writings of the French, Americans and others. His style is pleasing and plain, exhibiting the phraseology of the sect to which he belongs, viz., Quakers. At an early period of his professional career he seems to have imbibed the views of the French pathologist, whom he highly compliments in this paper, and whose doctrines of fever he has particularly adopted. We are gratified to observe the high compliments he pays to our countrymen. The writings and observations of Jackson, Hale, Shattuck and others, he alludes to in terms of high commendation. These, from so respectable a source, emanating as they do from an Englishman, we may view as pure compliments to our professional men.

While we thus admire the style and tone of this paper, we cannot subscribe to the doctrines it professes to advocate. Slightly as the author has touched upon the subject of the pathology of fevers, he has said enough to convince us that he is of the school of the French. He commences with an allusion to the writings of Louis, Broussais, &c., and their views of fever. Upon these he has based his paper. The result of it is to add his authority to that of Broussais, Louis, and the American physicians who have been recently educated in Paris under the instruction of these distinguished Frenchmen, that typhoid fever is a distinct form of disease, of local origin, situated in the *aggregate glands* or the

* See the last No. of this Journal.

plagues of Peyer; that these, upon the developments of *post-mortem* examination of those who die from this disease, are invariably found in a morbid condition. It is and has ever been the case that new and specious views in pathology, emanating from high authority, have been immediately seized upon by a multitude of gaping admirers without reflection or mature consideration, particularly if these are based upon autopsy. Thus we find that Boerhaave, Stahl, Van Swieten, Cullen, and others, had their admirers and advocates, who were just as zealous and firm believers in their various doctrines, as Dr. Hodgkin, Dr. Jackson, Dr. Shattuck, Dr. Gerhard and others, are in the views of Louis. Viewing fever as being susceptible of the primary and simple division of idiopathic and symptomatic, I cannot concur in this French dogma of specific fever or dothien-enterite. Idiopathic fever depends for its type on various circumstances, as location, climate, temperament, season of the year, treatment, and other causes too numerous to mention. Symptomatic fever, as its name implies, is a fever of local origin—is more frequently the province of surgery than physic—though not exclusively. Typhus and typhoid fever do not belong to this class, and therefore cannot be ranked under the head of fevers of specific and local origin, as has been done by the French. These are mere grades of the same disease, depending on the various contingent circumstances already mentioned.

The idea that typhoid fever arises from a disease of the *aggregate glands* is, as far as my own experience and observation goes, perfectly preposterous. In the first place, this lesion is not the cause of the fever, but the effect—it may be said that it is not only the effect of destructive inflammation which is observed in these glands in this disease, but is in our opinion most frequently caused by the mode in which they are treated. Allow me here to refer briefly to Louis's gastro-enterite. Compare his treatment with the treatment of these diseases in this country, and we will be readily able to answer why these diseases are so fatal in Paris, and why the aggregate glands are so frequently found diseased in Paris. In the second place, this condition of the aggregate glands is not peculiar to typhoid fever; they are found in a morbid condition in other diseases, and they are liable to acute diseases which do not necessarily assume the typhoid character. I must not be understood here as stating that typhoid fever cannot be the result of local disease. On the contrary, we frequently meet with fevers having primarily a local origin, commencing in acute inflammation, terminating in fever assuming the typhoid character.

Allow me to repeat, then, that typhoid fever is only a species or genera of disease, and may be primary or secondary, like all fevers of this class, though it is idiopathic, and comes within the definition of fever by Fordyce. "That fever is a disease which affects the whole system—it affects the head, the trunk of the body, the extremities; it affects the circulation, the absorption and nervous system; it affects the skin, muscular fibres, and the membranes: it affects the body, and likewise the mind. It is therefore a disease of the whole system in every kind of sense," &c. &c. 'This contains about as much as we know at the pre-

sent day of fever and its effects ; and springing from an authority as much to be regarded as Broussais, Louis, or their disciples.

While we differ from Dr. Hodgkin and the French pathologist in their view of fever, we do not wish to be understood as condemning them, or arraying our own opinion in opposition to that of these distinguished pathologists. To Dr. Hodgkin we are particularly indebted for his paper, and we should be flattered by the manner in which he speaks of the Medical Department of the "National Institute," and we hope that we may be again favored by other communications from him.

T. MILLER, M.D.

PROGRESS OF THE USE OF TOBACCO FROM 1590 TO 1614.

By Stephen J. W. Tabor, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DURING the latter period of Queen Elizabeth's reign, when Shakspeare, Ben Johnson and others were producing their immortal dramatic works, tobacco had introduced itself into the theatres, and appeared upon the stage with almost as much regularity as the very play. The nobles, and persons of distinction, had seats upon the stage, where they used publicly to smoke, careless both of the ladies and all other spectators. Bishop Percy says that within his own recollection "tobacco, wine, and beer," were usual accommodations at the theatre in London called Saddler's Wells.* The custom was continued from the time of Elizabeth into that of her successors, and it is frequently satirized by the writers who flourished under James I. In the *Black Book*, first published in London, in 1604, the author talks of "the six-penny rooms in play houses,"† and leaves a legacy to the "Arch-tobacco Taker of England, in Ordinaries, upon stages both common and private." Henry Wotton speaks as follows of the Globe, a theatre famous in the days of Shakspeare:—

"The Globe to-morrow acts a pleasant play,
In hearing it consume the irksome day:
Go take a pipe of To: the crowded stage
Must needs be grac'd with you and [with] your page;
Swear for a place with each controlling foole,
And send your hackney servant for a stoole."‡

John Taylor, the Water Poet, in his *Proclamation for Tobacco's Propagation*, cries out in a similar strain,§ "Let play-houses, drinking schools, taverns, &c., be continually haunted with the contaminous vapors of it; nay (if it be possible) bring it into the churches, and there choak up their preachers." Alas, for the Water Poet's irony and indignation! His facetious and satirical advice was really fulfilled. Bishop Hall, in his *Hard Measure*, says, "Neither was it any news upon this guilday, to have the cathedral, now open upon all sides, to be filled with

* Reliques of Ancient English Poetry, &c., by Thomas Percy, D.D., p. 38. Lond. 1840. 8vo.

† Various Tracts illustrating English Manners reprinted, vol. i. p. 207. Lond. 1713. 8vo.

‡ Follie's Anatomie: or Satyres and Satyricall Epigrams, p. 12. Lond. 1619. 4to.

§ The Select Works of John Taylor, known as the Water Poet, p. 253. Lond. 1698. 8vo.

musketeers waiting for the major's return, drinking and tabacconing as freely as if it had turned ale house."* In Cambridge, during the latter years of Queen Elizabeth's reign, it was not unusual for tobacco to be smoked in the churches of that city. In 1607, when James I. contemplated making a visit to the place, he sent a letter commanding that "no one doe presume to take tobacco in St. Marie's church,"† the edifice where he himself designed to attend public worship. Dr. Thomas Percy says he was informed by a gentleman, that during a journey in Holland, on going into a church, he saw the masculine portion of the auditory "sitting with their hats on, smoking tobacco, while the preacher was holding forth in his morning gown"‡—illustrating, it may be, his descriptions of that place "not named to ears polite," by the cloudy and dusky wreaths encircling his hearers. The Puritanical Prynne utters his note of condemnation of the habit of using tobacco on the stage, in that huge quarto of a thousand pages, so full of learning, quotation, sense, nonsense and multifarious topics. After telling us that plays sold better than the choicest sermons, and were frequently printed on finer paper than the Bible itself; that players were often Papists and desperately wicked; that play-houses were Satan's chapels, and play-hunters little better than incarnate Devils; that a step in a dance was a step towards hell; that the crime of Nero was his frequenting and acting plays—after propounding these indisputable facts, he pays his respects to the enormity of tobacco. "How many are there," he says, "who according to their several qualities spend 2d. 3d. 4d. 6d. 12d. 18s. and sometimes four or five shillings, at a play-house, day by day, if boat-hire, coach-hire, tobacco, wine, beer, and such like vaine expenses, which play-houses do usually occasion, be cast into the reckoning."§

Thus public and extensive had become the use of tobacco in Great Britain in the space of ten years from the time Lane brought it from Virginia. As I am endeavoring, however, to follow the adventures and progress of this herb chronologically, it will be necessary to leave England to pursue its course in other quarters. In 1599 the Portuguese took the seeds to India, from whence the Chinese most probably procured them. Merchants trading to the Levant took the herb with them, and Genoa, Venice, Arabia, and the whole East, successively received it from the occidental countries. As early as the 22d of March, 1595, in the Island of Trinidad, it was seen by Sir Walter Raleigh in a state of cultivation, as he tells us in the narrative of his voyage to Guiana published in Hakluyt.|| The Portuguese may have introduced it there, as they then had settlements in the East, and first carried it to Persia, where, in 1590, the Schah Abbas forbade smoking under severe penalties, and his subjects, rather than forego the luxury, fled to the mountains to enjoy it.¶ In the

* The Moral Discourses of the Rev. Joseph Hall, extracted from the edition of his works by Pratt, p. 310. Lond. 1615. 8vo.

† Cole's MSS. in the British Museum, vol. xlii. p. 266.

‡ Reliques of Ancient English Poetry, &c., p. 38.

§ Histrio-Matrix; the Player's Scourge, or the Actor's Tragedy, in Two Parts; wherein it is largely evidenced, by Divers Arguments, that popular stage-plays are sinful, heathenish, lewde, ungodly spectacles, by Wm. Prynne, p. 322. Lond. 1633. 4to.

|| Navigations, Voyages and Discoveries of the English Nation, vol. iii. p. 631-666.

¶ Abkürzung von der Anleitung zur Technologie von J. Beckmann, p. 151. Leipzig, 1825. 8vo.

years 1600 and 1601 smoking had become so general that the habit was exercised throughout the maritime nations of Europe, in all places, whether public or private—in the court of the sovereign and in the halls of justice. M. de Boississe, who then represented the French king in London, gives a striking example of this in a letter he wrote to M. de Rohan. This letter is published in Sir Ralph Winwood's *Memorials*, and in it M. de Boississe asserts that during the trial of the Earls of Essex and Southampton for high treason, while the counsellors were arguing the impeachment, the House of Lords were engaged in the more pleasant exercise of discussing the merits of comfits and beer; that they *guzzled* as if they had not partaken food for fifteen days, and consumed at the same time enormous quantities of tobacco; that at the end of the pleadings they retired into a private hall to decide upon the case, and there, intoxicated with smoking, and ready to burst with eating, they rendered a judgment against the two earls.* This picture is undoubtedly exaggerated by national antipathy, and is, in fact, denounced by a British work as an "impudent misrepresentation,"† but it shows that etiquette did not exclude tobacco from the highest courts of judicature even pending the gravest trials, and that it there openly stimulated the legal acumen of the lawyers and judges. Its universal prevalence in the "higher circles," about this time, is also evident from what Ben Jonson, in a play written in 1596,‡ makes Justice Clement say when rating Cob for uttering oburgations against tobacco:—"What! a thread-bare rascal, a beggar, a slave that never drank out of better than pisspot metal in his life! and he to deprave and abuse the virtue of an herb so generally received in the courts of princes, the chambers of nobles, the bowers of sweet ladies, the cabins of soldiers!"§

In the year 1603 King James I. arrived in London, the sole monarch of the British Isles, and to attack tobacco with fierce animosity was one of his first acts. The same year he published anonymously his *Counterblast* (which I intend hereafter to review), and the maledictions of his pen were succeeded by compulsory laws and enactments. But notwithstanding the royal invectives of James against tobacco, and the vein of religion running through them, he was not particularly abstemious or godly, and his course seems at first to have been directed by merely that caprice for which he was so remarkable. Sir Walter Scott, while giving a description of this monarch, says,|| "He was laborious in trifles, and a trifter where serious labor was required; devout in his *sentiments*, and yet too often profane in his language—in a word, only entitled to the character bestowed upon him by Sully—that he was the wisest fool in Christendom." Dalzell tells us, "he would make a great deal too bold

* "Un peu apres, les Avocats mirent fin à leur accusation, et Messieurs les Pairs à leur confitures et à la bière; car cependant que le Conte et les avocats plaidoient, Messieurs hauffroient comme s'ils n'eussent mangé de 15 jours, prenant aussi force tabac. Puis s'en allerent en une salle pour donner leur voix; où, bien saouls et bien yvres de tabac, condemnèrent les deux Contes."—*Memorials of Affairs of State under Elizabeth and James I.* Sawyer's edit. vol. i. p. 236. Lond. 1715. fol.

† *Criminal Trials*, &c., vol. xvi. p. 361. Philad. 1835.

‡ Every Man in his Humor, Act iii. scene iii.

§ Gifford's Works of Ben Jonson, vol. i. p. 98.

|| The Fortunes of Nigel, vol. i. chap. v. p. 88.

with God in his passion, both with cursing and swearing, and a strain higher verging on blasphemy."* So much for the piety in his fulminations against tobacco, and the strict devotion attributed to him by the translators of the received version of the Bible, when they dedicated the work to him; but in the matter of temperance he was equally deficient. Roger Coke says expressly that "he was excessively addicted to drinking,"† and Sir Anthony Welldon informs us his beverages were of no mean "strength," such as "Frontiniac, Canary, high country wine, tent wine, and Scottish ale."‡ The first law of James against tobacco was undoubtedly founded on his great hostility to the weed, for it was not then cultivated extensively in Virginia for exportation, and was not the great staple it afterwards became in the American Colonies: when this was the case, the same cant was kept up in the ordinances, while the object was by grinding and tyrannous taxation to minister as effectually as possible to the royal coffers. In 1604 he issued his *Commissio pro Tobacco*, and I shall make some extracts from the enactment as I find it given in the voluminous legal compilation of Thomas Rymer.§ This law raised the duty on a pound of tobacco from *two pence* sterling to *six shillings and eight pence*. James sets forth as his reasons for so great an increase in the excise, that it was "through evel custome and the tolleration thereof, excessively taken by a number of ryotous and disordered persons of meane and base condition, whoe, contrarie to the use which persons of good callinge and qualitey make thereof, doe spend most of their tyme in that idle uanitie, to the evill example and corrupting of others, and also do consume that wages whiche manye of them gett by their labour, and wherewith there families should be relieved, not caring at what price they buye that drugge, but rather devisinge how to add to it other mixture, thereby to make it more delightful to their taste, though so much more costly to their purse, by which great and immoderate takinge of tobacco the health of a great number of our people is impayred, and their bodies weakened and made unfit for labour, the estates of so manye meane persons soe decayed and consumed as they are thereby driven to unthrifite shifts onelie to mayntayne their gluttonous exercise thereof, besides that also a great part of the treasure of our land is spent and exhausted by this onelie drugge so lencensiously abused by the meaner sorte," and so he goes on, line after line, with his interminable sentence, coming at length to the mainspring of the whole—the "*somme of six shillings and eighte pence* uppon everye pond waight thereof," and concluding with severe penalties for violating the commission.

In 1605, the next year after the foregoing decree, King James attended a disputation in one of the Oxford colleges, where the question was, "*Utrum frequens suffitus Nicotianæ exotice sit sanis salutaris?*" The British Solomon, as his admirers called him, acted as moderator,

* Sketches of Scottish History, p. 86.

† Detection of the Court and State of England, p. 70. Lond. 1697.

‡ Court and Character of James I.; or a General Discourse of some Secret Passages of State, &c. vol. ii. p. 3. Edinb. 1811.

§ *Fœdere Conventionis, Literæ et cujuscunque Generis Acta Publica Inter Reges Angliæ, &c.* tom. xvi. p. 601. Lond. 1704—35. fol.

and one can easily judge which side he favored. His efforts against the "Indian weed" only brought him the contempt and indignation of its lovers, without abating the progress of the indulgence. Even the Rev. Dr. Belknap speaks sneeringly of the "*refined* taste" which led James to hold it in "great abhorrence," and he tells us "all his zeal and authority could not suppress it, or prevent the use of it among his subjects." He laughs at the monarch's "*squeamish* aversion to tobacco," and at the "princely wisdom" which induced him to write a book against its use.*

The custom of smoking tobacco was introduced into Constantinople in 1610,† and it was thenceforth as much an article of sale at the Turkish coffee houses as opium itself; and yet the article they used was for a long time a refuse quality termed *mundungus*, which they bought of the English, though at the present day one of the most expensive kinds of tobacco is raised by the Turks, and is called *ellsham*. Tobacco, however, did not establish itself peaceably in Turkey. "The higher powers" at first opposed it, and as a specimen of the penalties it may be mentioned that Morat Bassa commanded a pipe to be thrust through the nose of a person who had offended by smoking, and caused him to be publicly led through the streets of Constantinople in this degrading predicament. Sandys, who was in Turkey about this time, chronicles the fact, in the narrative of his journey. "The Turks," he says, "delight in tobacco, which they take thorow reeds that have joyned unto them great heads of wood to contain it. I doubt not but lately taught them, as brought them by the English; and were it not sometimes looked into (for Morat Bassa commanded a pipe to be thrust through the nose of a Turk, and so to be led in derision thorow the city), no question it would prove a principal commodity. Nevertheless, they will take it in corners, and are so ignorant therein, that that which in England is not saleable, doth pass here amongst them for most excellent."‡

In 1614, immediately preceding the visit of James I. of England to Cambridge, and in expectation of it, a series of regulations were issued to govern the students during his stay, of which the tenth article, as given by Nichols, in whose work I find a reprint of the whole, is as follows:—"That noe graduate, scholler, or student of this Universitie presume to resort to any inn, taverne, ale-house, or tobacco-shop, at any time during the abode of his Majestie here; nor doe presume to take tobacco in Trinity College Hall, uppon payne of final expellinge the Universitie."§ The *Orders*, we are told on the next page (45), are copied from Cole's Manuscripts in the British Museum, and Nichols says Cole "derived them from a book in the hand of Mr. Tabor, Registrar of the University in 1614."

During the same year a masque was acted before King James and in his honor, by the gentlemen of Gray's Inn, in which tobacco played a conspicuous part, and which arose out of a brawl, characteristic of the

* American Biography, vol. i. p. 318, 319, and vol. ii. p. 169. Harper's edit.

† Abkürzung von der Anleitung zur Technologie, p. 156.

‡ Travels, containing an History of the Turkish Empire, &c., p. 52, 6th edit. Lond. 1658. fol.

§ The Progresses, Processions and Magnificent Festivities of King James the First, &c. By John Nichols, F.S.A., vol. iii. p. 44. Lond. 1828. 4to.

period, between Edward Hawley, a law student, and one Maxwell, a favorite of James.* The monarch compelled a reconciliation, and afterwards, in token of still further amity, and under the patronage of Sir Francis Bacon, the students of the Inn to which Hawley belonged, exhibited before James a play which was immediately published, entitled the "Maske of Flowers." In this, Silenus, one of the characters, sends a challenge to Kawasha, "That *Wine* is more worthie than *Tobacco*, and cheereth man's spirit more."† The whole masque is given in Nichols's work, but the passages respecting tobacco are too numerous to cite. In the description of Kawasha's apparel we are told that he had "vases of tobacco-color stuffe, cut like tobacco leaves, sprinkled with orcedure, and in his hand an Indian bow and arrowes." Silenus and he carry on a poetical disputation with much heat; and much to James's dissatisfaction, as we can have no doubt, Kawasha comes off victor, and this in the very face and eyes of the author of the *Counterblast*. No wonder his Majesty came down upon the weed with new taxes and new decrees, till the tobacco laws almost caused civil war in Virginia: but concerning these facts and others, will they not be written in another number of these *Nicotian Chronicles*?

ON INTESTINAL WORMS.

From the Lectures of C. J. B. Williams, M.D., F.R.S.

I WILL, now, briefly refer to *intestinal worms*—parasitical animals formed in the intestines. These are of three kinds, which are especially worthy of notice. The *round* worm, the *thread* worm, and the *tape* worm. The round worm, the *ascaris lumbricoides*, or *lumbricus teres*, is found in various parts, chiefly of the upper portion, of the canal. It has been found, also, in the gall-ducts, and has been known to make its way into the substance of the liver. This form of worm varies from an inch and a half to twelve inches in length; sometimes, it is only solitary—but, in some instances, a great number have been found together. In one case, it is said that five hundred were vomited in a fortnight. Dr. Hooper mentions a case, in which two hundred were passed, upwards and downwards, in the course of a week. They appear to feed on the mucus of the intestines, and to be produced by a diseased state of the bowels. Colicky pains, swelling and hardness of the abdomen, slimy stools, the appetite very often in excess or variable, foetid breath, loaded tongue, bowels very irregular, irritating discharge from the nose with a great tendency to pick it, starting in the sleep, with convulsions, pallidity of the face, dark circle round the eyes, dilatation of the pupils, loss of flesh, and all sorts of convulsive affections: such are the signs which have been associated with worms. But some of them exist without worms, and some

* For more particulars, see Scott's *Tales of a Grandfather*, &c., second series, vol. i. chap. ii. p. 29. Boston, 1839.

† *Progresses, Processions, and Magnificent Festivities*, &c., vol. ii. p. 739.

arise merely from intestinal derangement, particularly in young subjects; and, again, worms may exist without any of the foregoing symptoms. However, I think we are justified in supposing that they are concerned in producing some of these symptoms, inasmuch as the removal of the worms is followed frequently by the cessation of these symptoms; so, likewise, it appears that the presence of worms in the intestines aggravates other diseases of every description. I remember the case of a child who had a severe form of hooping cough, so severe as to threaten some affection of the head; in fact, the child had convulsive fits. I found that the child passed some round worms, and then the hooping ceased. The worms, no doubt, proved the source of reflex irritation, increasing the excitability of the spinal marrow, in a direction remote from the source of affection.

The next variety is, the *ascaris vermicularis*, or thread worm, as it is commonly called. It varies in size, its length being usually about half an inch. The rectum is the habitat of this animal, where it exists in myriads, and passes out in numbers into the bed upon which the patient lies. They are exceedingly troublesome and irritating, particularly at night. The patient, when he becomes warm in bed, feels *tenesmus*, and a desire to go to stool, and a slimy mucus is evacuated. Sometimes, other symptoms of irritation take place, and the urinary and sexual organs share the irritation of the rectum, and, with a frequent desire to make water, there are troublesome erections, and so forth. Sometimes, however, curiously enough, *ascarides* will exist in persons of very good health; and we are not sure of their presence until we see them ejected from the body. This is the second variety of worms.

Before speaking of the *tania*, I may mention the *trichocephalus dispar*, which is remarkable for the disproportion of the head to the rest of the body. The short end was supposed, at one time, to be the tail; hence it was called *trichuris*. It is now ascertained, however, to be the head. It is not supposed to originate any peculiar symptoms, but is found in many cases where patients have disease of the abdomen. It is much longer than the common *ascaris*, more slender than the *ascaris lumbricoides*, and quite different to, and much smaller in size than, the *tape-worm*. Now, let us take up the tape-worm, the *tania solium* and the *tania lata*. The *tania solium* consists of a jointed body, terminating in a small head, furnished with four suckers. The length varies, but some are recorded as of extraordinary dimensions. Pliny describes one as 300 cubits long; and a German writer records one that measured 300 feet. There are many accounts of these worms, more curious than authenticated. It is related that a man partially voided a tape-worm in the privy, and that its head stuck there, he walking into the house with the other part attached to his body, and thus reaching all over the garden. It is perfectly credible, however, that one may reach from the pylorus to the anus, extending along the whole length of the intestinal canal, and, under such circumstances, the *tania* has been known to put its head out of the anus and then draw it back again. The largest real specimen, contained in any museum, is shown at Vienna, which measures 24 feet. There is a

variety of *tænia* not common in this country—the *tænia lata*: it is broader and jointed, and is also called the *bothriocephalus*, or broad tapeworm. It is met with in Switzerland, Russia, Poland, and France, but very rarely in this country. The symptoms that attend the presence of *tænia*, are supposed to be: colicky pains in the abdomen, and an aching sensation, felt especially towards the flanks; itching at the anus, as in the case of *ascarides*; picking of the nose; and a feeling of gnawing and uneasiness, which is removed after eating; the appetite is deranged, as in other cases of worms. The symptoms which are associated with *tænia*, have no peculiar characters:—dilatation of the pupils, imperfect vision, a sort of giddiness, lassitude, various forms of catalepsy, and palpitation, have been associated with these worms. Such cases are not very common. Worms appear to be promoted by a feeble state of the digestive organs, and of the whole frame; unwholesome food seems to be a promoting cause, and also excess of vegetable food. The natives of India, who feed exclusively on rice, appear to be much infested with worms. Damp and unhealthy localities promote them. This is the case in Holland and Switzerland; young age and scrofulous habits appear to be favorable to them; but they also occur among adults. They are bred by ova, which are deposited in various parts of the system; but where they come from, is a mystery. Some of them are found in the lower animals. There is a remarkable fact about them: they are killed by some diseases affecting the human body: typhoid fevers are very apt to prove fatal to worms. Some have considered fevers to be created by them. The habitual use of stimulating liquors is unfavorable to them. This is one reason why they are more common in women than in men. Sometimes, there is an hereditary disposition to the occurrence of them in families.

The treatment of worms, generally, consists in attempts to dislodge them by purgatives. This indication is to be followed in all cases, in the first instance, even where worms are only suspected, or where the different symptoms that I have mentioned occur; because, in fact, if worms are not there, there is a sort of disorder of the intestinal canal, which will be benefited by purgatives. Therefore, where these symptoms exist, it is useful to give calomel and jalap, or calomel and colocynth, which tend to work them off. Simple purgatives are useful to dislodge the round worms, but worms of the other kinds take such strong hold that they require to be killed before they can be dislodged. Nothing does this so effectually as oil of turpentine. This is the great vermifuge or worm poison. It should be given in doses of two drachms, followed by castor oil. In the case of *ascarides*, injections are more suitable. These attempts sometimes bring away merely individual joints, but the cure is not effected until the head is dislodged. The joints are propagated indefinitely, and, therefore, it is necessary to remove the head and all the joints. The head may be digested or decomposed, but that cannot always be indicated. The dose requires to be repeated until the whole seems to have come away. Under these circumstances, should the turpentine produce irritation of the rectum and the urinary organs, in-

stead of being given daily, it should be administered every other day. Strong doses irritate the urinary organs much less than small ones. In the treatment of ascarides, it is requisite to repeat the dose again and again, because these worms nestle in such numbers that gentle applications of turpentine will not reach them. It is necessary, sometimes, even to scoop them out with a small wooden spoon or scoop. Turpentine injections for the rectum should be moderate in quantity. In the intervals, it is sufficient to give mild aperients and diluents, to carry off the effect of any irritation produced by the influence of these strong remedies. In weakly subjects, it is proper to give tonics: iron, in some of its forms—the carbonate, tartrate, or sulphate of iron. There is frequently a great quantity of mucus discharged from the intestines, in connection with worms—and, in this case, it is found to be of great advantage to give a compound of tincture of benzoin with the iron. Another remedy, too, very powerful in the case of worms, is pomegranate bark, given three times a day, in doses of half a drachm; or else in the form of a decoction of half an ounce of bark to one pint of water, and of this two ounces should be given every half hour, until six doses are taken. This acts, not as a purgative, but as a peculiar poison to the worm. It is not a poison to the human frame, nor does it produce any remarkable disturbance. After the exhibition of these six doses, a good dose of castor oil should be given to sweep away the worms. Where these insects show a great tendency to reproduction, we should adopt measures to obviate this. The diet should be simple, with a proper proportion of animal food, avoiding crude vegetables, and taking a sufficient quantity of salt. With the animal kingdom—horses, particularly—salt is a very good remedy, and is itself used as a vermifuge.—*London Med. Times.*

THE BILATERAL OPERATION OF LITHOTOMY.

By Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia.

SINCE the publication in the April No. of the American Journal of the Medical Sciences, of four cases of the bilateral operation, I have had another opportunity of removing a stone from the bladder, by the use of the double lithotome cache.

The first and leading article in the last No. of the Journal referred to (Oct. 1844) is, "On the Bilateral Operation of Lithotomy; and on Lithotomy in the Female: By John C. Warren, M.D., Professor of Anatomy and Operative Surgery in Harvard University, Boston." In presenting to the profession the four cases successfully operated upon by my friend, Dr. Ogier, of Charleston, and myself, I stated my belief that they were the first, at least in this section of the country, wherein the double lithotome of Dupuytren had been employed; and I also ventured to recommend this mode of operating as superior to the one in general practice. It is no small gratification to find this opinion defended by so distinguished a surgeon as Professor Warren, of Boston—the very head of the profession in New England.

Dr. W. states that in the course of 40 years' practice, he has been called upon to perform all the operations of lithotomy in Boston. These amount only to 25 cases, 3 of which alone were natives of that city or its vicinity—of this number 2 died, one from suppuration in the pelvis. This was a patient of bad constitution, with stone adherent to the bladder; in the other case, death occurred the fifth day from general peritonitis, after the patient had indulged in eating heartily. This brief report furnishes two interesting facts—the success of the operation, especially as no selection was made of cases; and secondly, the exemption from urinary calculi in the city of Boston.

In explaining the immunity thus enjoyed by the inhabitants in and about the capital of New England, Professor Warren is inclined to attribute it to the circumstance, that there exists no calcareous rocks or soils near that city—an explanation, which, although it will not be admitted as satisfactory on the other side of the Atlantic, is correct so far as my observation extends in the Southern States of our Union. In a biographical sketch of the professional career of Joseph Glover, M.D., of Charleston, prepared by Drs. Bellinger, Whitridge, and Porcher, for the Medical Society of South Carolina, and published in the American Journal of Medical Sciences, we find the following sentences:—"Calculus diseases are so rare in this locality, that to have cut for stone in the bladder constitutes an era in the professional career of our surgeons. As late as 1808, only three operations of the kind could be 'distinctly and certainly recollected as having been performed' in Charleston. * * * Up to the present time (Dec. 1840), continues the Committee, only seven operations for stone in the bladder have been performed upon persons who were natives, or who had been for many years residents of Charleston."

The following extract from a letter of my friend, Dr. Kollock, an estimable physician of several years' practice, gives a report on this subject from Savannah:

"In compliance with your request, I have endeavored to obtain for you all the information which we possess on the subject of urinary calculi, and the operation of lithotomy, in Savannah and its vicinity. I have inquired of our oldest practitioners, in regard to their observations on this point, and all, without an exception, state that they have never met with a single case in their own practice, nor ever heard of one in the practice of any other physician or surgeon who has lived here.

"The advocates of the theory of the influence of miasmata in its production, will find it difficult to maintain their position in this region, and will probably be under the necessity of acknowledging that, if a residence in a calcareous district is not absolutely necessary and the *sine qua non* to the production of stone in the bladder, it is a very important link in the chain of morbid causes."

From Norfolk, in Virginia, to New Orleans, along the whole sea coast, so far as I have been able to obtain information, the occurrence of urinary calculus is quite rare; and it is only as we approach the mountainous regions that we find the number increasing. But two cases, so far as ascertained, have originated in Augusta—one was operated upon in

New York, some years ago; and the other is the one now about to be submitted to the reader's attention. My other cases already reported, were from abroad—that is, from the upper calcareous parts of the country. So far, they corroborate the opinion of Dr. W. in relation to the origin of stones in the bladder—that they are rather the product of calcareous waters than of atmospheric vicissitudes.

Professor Warren says—"The particular object which I have in view in this communication, is to direct the attention of the profession to the best mode of doing the operation of lithotomy. I have till recently performed the lateral operation, formerly with the gorget, and latterly with the knife. In the two cases alluded to above, which terminated unfavorably, the gorget was employed. Accident led me, a year or two since, to examine the merits of the bilateral operation more exactly than I had ever done before. In this investigation I many times dissected the organs concerned in this operation, both before and after having been done on the dead body. The result was so satisfactory, that, in a case particularly adapted for this mode of operating, I ventured to do it on the living body, and found it to be comparatively so easy in the performance, and so successful in the result, that, in the next case which presented itself, I was induced to repeat it. These cases, I ask leave to bring before the profession in this country, in order to invite their examination into the merits of this mode of extracting stone from the bladder."

It is right to state that this distinguished surgeon objects to the lithotome, and makes the incisions in the prostate gland, with a straight, short, narrow, probe-pointed knife. He also states that the bilateral operation, called Dupuytren's, was originally proposed by the late Professor Ribes, of the School of Medicine in Paris; the former giving it character and stability by his descriptions and engravings. Dr. Warren concludes by remarking, that, although he should not feel justified in recommending the bilateral operation for general use, from his limited experience with it, yet, from the lights before him and his views on the subject, he feels disposed to employ it in most cases where lithotomy is required, in preference to the lateral operation.

In the October No. (1842) of the American Journal of Medical Sciences, will be found an article by Dr. Josiah C. Nott, of Mobile, Ala., on the subject of lithotomy; in which the following paragraph occurs: "It should be remembered that Dupuytren saved, by the bilateral operation, in the foul air of the Hotel Dieu (the largest hospital in Paris), 26 patients in succession; a success perhaps even more astonishing than that of Prof. Dudley, when all the circumstances are considered." Doubtless my medical friend in Mobile believed, when he published this article, that his data for the above successful report was reliable; but since then facts have been revealed, by which it is now ascertained, that the late celebrated Surgeon in Chief of the Hotel Dieu, lost, at least, one in every six cases he operated upon for stone. This much is due to truth.

CASE.—Lewis, a mulatto boy, 3 years old, had been laboring under the symptoms of stone for several months. Having satisfied myself of its presence, by sounding, and with the finger in the rectum, and having pre-

pared the patient for the operation, it was performed on the 8th of June last. The patient being secured in the usual way, the semi-lunar incision was made between the bulb of the urethra and anus, with its convexity to the scrotum, and down to the staff in the membranous portion of the urinary canal, through which it had been previously introduced into the bladder. To the groove of the staff thus exposed, was adapted the beak of a double lithotome, of a small size, which had just been received from Charriere, of Paris. This instrument was introduced into the bladder, the one in the urethra withdrawn, the lithotome turned upon its own axis, so that its concavity was towards the rectum, and its blades being expanded it was drawn out in lowering the handle. A gush of urine indicated the opening made in the bladder, through which the finger introduced felt the stone, which was extracted by a small pair of forceps. From some little delay in the seizing the calculus, and the alarm of the patient, the operation lasted twelve minutes.

This little patient, like the others upon whom I had operated upon for stone by this mode, had a remarkably rapid recovery. The urine in a few hours passed *per urethram*, and all the dressing applied was a small strip of plaster over the wound in the perineum. No catheter was introduced during the treatment. He had a little fever for the first forty-eight hours after the operation. He sat up in bed on the fourth day, and on the eighth was considered well. He did not, however, recover the full tone and control of the bladder for some days afterwards. The calculus weighed about 3 iss., and was of the mulberry variety.—*Southern Med. and Surgical Journal*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 15, 1845.

Quarters of Surgeons' Mates.—By a recently promulgated order, Surgeons' Mates in the U. S. Navy, on board all national vessels, are entitled to mess and have quarters with ward room officers, and are to receive the usual courtesies and ceremonies of such officers. This is the reform we believe which has long been considered necessary, and which was contended for by a writer in this Journal some months ago. Heretofore, surgeons' mates have been without a locality, on shipboard, which afforded much of comfort or convenience. Whatever their claims may have been on land, as gentlemen, when afloat all marked attention seems to have been abandoned, and they were in reality just *nothing at all*, compared with every other officer on board. Whether this order, emanating from the Secretary's office, actually remedies all the evils which they have complained of, we are unable to determine. One fact is certain, that thus far something has been effected that ameliorates their condition.

Value of Rational Experience—Dr. Darrach's Lecture.—At the opening of the lectures the present season in the Pennsylvania College, William Darrach, M.D., Professor of Theory and Practice of Medicine, as custom required, gave an introductory, which the class has published. We always regard a movement of this kind, from the medical students, as a compliment of no every-day character. It not only gives the professor confidence in his hearers, but exhibits their faith in his abilities and determination to advance their interests. The subject of the lecture is *Rational Experience in Medicine*. A few of the closing sentences we copy below, and others may be inserted hereafter.

"Such, gentlemen, is the history of medicine. It shows you an Acron, an Hippocrates and a Galen. The empiric, the reasoner on facts, and the reasoner without facts. The ant, the bee, and the spider of medicine.

"The first constitutes the community at large, who have any sympathy for the sick, together with those who would improve these nostrums and panaceas. The last constitutes the medical-book and system makers, who have, as their end, a vain, selfish fame.

"Neither of them is medical science. If they were, my strong inducement, which I have labored so hard to exhibit, would be vain. No! Empiricism and Galenism are uncertain and transitory, but medicine, Hippocratic medicine, is made of lasting materials. Galenism, it is true, seemed to be also made of such materials, but it has come to an end, and was never anything else than a splendid error. *Sic transit gloria Galenis!* Not so that of Hippocrates and true medical science. It is true, gentlemen, that everything worldly is changeful, tending to its pristine elements. The furniture of this world wears out; its fashion perishes; yet in the midst of all this evanescence there are a few fixtures. These fixtures are not its generations, its empires, nor its imperial roads and its cities, perhaps not even its pyramids. They are that common law which lifts oppression; that cheering gospel which demonstrates a resurrection and declares an endless life; and that Rational Experience, that empiralgy which is for the healing of the sick. Here, then, is the true position of our science; an associate of justice and mercy, the father of medicine is niched in between Socrates and Plato. Her dwelling places have not been modern colleges and universities only, but also ancient temples. Kings and patriarchs, sages and prophets—the subject of prophecy himself and his apostles, have been her practitioners. It is true, that successive errors, as we have shown, have encumbered it; that for ages a poisonous parasite has run across and spread over it, which, to please its worshippers, has been twined into various fantastic shapes; that for a time she has been buried under Mahomedan prejudices, and that subsequently it has been mantled with pseudo-Christian superstition, yet broadly based it exists, still exists a time-honored science!"

Medical Controversy in Kentucky.—Some months since, reference was made in the Journal to the criticisms of a physician of Lexington, on the organization of the Medical School of Transylvania University. The substance of the complaint was, that one of the faculty had had too much influence in the institution, which had resulted unfavorably for the school, by alienating some of its warmest friends. Having heard nothing of late in regard to the matter, it was presumed that amicable relations

were re-established, and the current of feeling, in every breast, was running smoothly and harmoniously. But man is a restless being—never is, but always to be, blest. T. B. Pinckard, M.D., of Lexington, now boldly addresses himself to the great public—not so much to excite sympathy, as to re-assert a former declaration, that there is a rotten borough within his ken, that needs a little parliamentary reforming. In an article of his in the *Observer and Reporter*, great complaint is again made of the course of Professor Dudley, which is assigned as one of the chief causes of the decline of the school. From the same paper in which these cauterizing paragraphs appear, we take the following editorial—that gives an entirely different view of the present condition of the medical school.

"In regard to the prospects of our Medical School, we must be permitted to say that its friends regard the size of the class now assembled in its halls as, under the circumstances, every way flattering to the future prosperity and usefulness of the institution. The vacation of two of the Chairs in the institution, after the termination of the last winter's lectures, and the inevitable consequence of such an event, have tended to diminish the number somewhat; but the present organization of the school, it is confidently believed, will eventually fill its halls and restore her to her former state of prosperity."

Without entering into the particulars of the difficulty, which ought to have a finale, we must be permitted to say that our sympathies are strongly enlisted on the side of the present faculty. Some of the gentlemen we have the honor of knowing personally, viz., Drs. Dudley, Richards and Lawson, who are indefatigable laborers, and can have no predominant self-interest to gratify, at the expense of an institution that has outlived many storms, and which, like a staunch ship, we think will still ride triumphantly over the billows of opposition. It is for the purpose of keeping medical readers apprised of all movements that belong to the circle of medical news, that we make mention again of the complaints against this school.

Medical Invalid Assurance Office.—There is a life assurance office in London, in which those whose lives are held to earth by the feeblest tenure, may make provision for their friends and families. Distinguished as the people of New England are for driving good bargains, and developing new and surprising schemes for raising an honest revenue, the English money dealers have certainly outstripped the Yankees in one respect, viz., creating an income out of the most hopeless class of valetudinarians. The London Medical Invalid and General Life Office, assure, or, as we say, *insure*, the lives of invalid members of consumptive families, &c.; so that by paying comparatively a small fee, annually, the friends or immediate family of the person insured, instead of being left utterly destitute, perhaps, by the death of some individual, are actually made more comfortable by the melancholy event. The statistics of diseases are so well understood in England, that there is said to be even less risk in insuring upon the lives of invalids, at the present fixed rates of premium, than upon those of healthy individuals.

Life insurance is comparatively new in New England, but one or two offices have been opened in Boston, where the premiums are exceedingly favorable for people in health, even those of very moderate means. If some office would copy the bold system of their London prototype,

and grant policies on the lives of invalids—such persons, for instance, as are annually obliged to visit the Southern States, St. Croix, Jamaica, St. Domingo, &c., during the severity of our northern winters, on account of a threatening pulmonary disease, a two-fold benefit would be realized—the business of the office would be increased, while the sick man would have the delightful consolation of knowing, that should he, in the order of Providence, not be permitted to return to the home of a beloved family, his death would secure to them a sum to protect them against the sufferings of poverty.

New Method of Filling Teeth.—Mix thirteen parts of pure, finely-powdered caustic lime, with twelve parts of anhydrous phosphoric acid. This powder is moist during the mixing, and while in that condition is to be introduced into the decayed tooth. The place in the tooth is to be made dry before receiving the mixture. This kind of filling must be used within two or three minutes after being prepared. Soon after it is lodged in the decayed cavity, it becomes very solid. Time enough has not elapsed since the discovery, by M. Ostermaier, to decide upon its value and probable duration. His object was to imitate, in this composition, the constituent principles of the enamel of the teeth.

Purchasing Diplomas.—Those who are curious to see for themselves, will find a standing advertisement on the advertising page of the London Medical Times, which is as follows.—“Any legally qualified practitioner, desirous of obtaining the degree of M.D., may, through the assistance of the advertiser, receive the same from one of the oldest Continental universities, without absence from home. Total expense, £40. Address, post-paid, with full name and nature of qualifications, to Dr. John Bond, 24 Cornhill, London.”

There would be no wonder at the universal cry of *medical reform* which now rings through Great Britain, if it was to be directed to the correction of such barefaced mismanagement as this. It cannot be at Aberdeen, we think, that applicants succeed with *forty pounds*, because (besides this not being a Continental university) ever since a gentleman procured the degree of LL.D. for a donkey at that college, the price of diplomas has been raised altogether above ordinary vulgar means.

Medical Journals.—The new year has brought about some changes in medical as well as other periodicals, and has witnessed some addition to the number. The Philadelphia Medical Examiner, under the editorial management of Prof. R. M. Huston, of the Jefferson Med. College, is hereafter to be issued monthly, in numbers of 72 pages each. It was formerly published in weekly numbers, but for the last year or two has been issued once a fortnight. It will contain clinical lectures and reports from the medical institutions in Philadelphia, and the other usual variety of medical matter, and will doubtless maintain its reputation of a valuable and interesting scientific journal.—Our own periodical is now the only one of the kind in the country which visits its readers oftener than once a month.

We perceive that the Southern Medical and Surgical Journal, which

was some years ago discontinued in Augusta, Geo., has been revived, under the superintendence of Drs. Paul F. Eve and I. P. Garvin. It takes for its motto—" *Je prends le bien où je le trouve* ;" an excellent rule for a journalist, if the source from which he takes is acknowledged, as we doubt not it will be in the case of these editors. This Journal formerly comprised many communications of much practical worth, and we think will again prove a valuable addition to the list of American medical periodicals. The proprietors, however, must expect but a scanty remuneration for their outlays.

The London Lancet, the mutilated reprint of which was noticed some time since in this Journal, again appears in an American dress, that edition of it having been discontinued. It now comes out monthly, at \$5 a year. The parts of the original work which are really valuable are doubtless worth that sum: but it is a wasteful use of paper and type to print, for American readers, a large portion of the contents of that mammoth sheet. "The Government Reform Bill," which is the heading often for 6, 8, and 10 pages in a number, with other purely local matters, are far from being interesting to medical practitioners on this side of the Atlantic; and most of that which is truly worth reprinting, finds its way to American readers through the pages of their own journals in early extracts from the London copy. The American publishers deserve credit, however, for their enterprise, and they intend, as we understand, to make a handsome work of it.

Localities of Fevers in Cities.—Dr. Southwood Smith, a physician of great eminence in London, was called before a parliamentary committee, in order to give a professional opinion in regard to the prevalence of fevers in that city. He stated that when a fever exists, its locality may always be determined by examining a map of the metropolis in the office of the commissioner of sewers.—" *Where the sewers are, there the fevers are not; where the sewers are not, there the fever is.*"

Boston is better drained by sewers than any city in the Union. No waste water runs in the open gutters, and this one fact explains, in a good degree, the general good health of its citizens.

Journal of Insanity.—The third No. of this publication was received on Monday, filled with a variety of interesting articles. The leader is on the *Poetry of Insanity*, by Pliny Earle, M.D. Another week will enable us to look further into its pages.

Rhode Island Lunatic Asylum.—The site has been selected, and a valuable farm consisting of from fifty to an hundred acres, has been purchased for the Asylum. It is situated about half way between the city of Providence and Pawtucket. The location is said to be a good one, combining variety and beauty of prospect with retirement. We understand that suitable buildings will soon be erected.—*American Jour. of Insanity.*

First Lunatic Asylum in the United States.—This was in the city of New York, and on the precise spot where now stands the City Hall. It was erected above one hundred years since, and consisted of a building

sixty feet by twenty-four, two stories high. Into this was received the indigent poor, the sick, the orphan, the *maniac*, and the refractory. Dr. John Van Buren was the first physician. His salary was one hundred pounds a year, he finding medicine.—*Ibid.*

Yellow Fever in Cuba.—In all the maritime towns yellow fever prevails from June until November, often commencing in May. Sporadic cases occur all the year round in Havana, especially during long spells of wet and warm weather in the winter. I have heard merchants declare that it did not originate in Havana, but made its appearance in that city always after the arrival of vessels from St. Jago de Cuba. I know not to which place those of the latter city trace its origin. The interior of the island is as healthy as France, fevers prevailing only along the water courses and swamps, and those chiefly intermittent. The red lands are the most healthy, sickness being there produced only by the greatest exposure, many of the negroes becoming unwell from lying down on the wet grass when heated by labor.—*Notes on Cuba.*

Medical Miscellany.—A medical student, in Philadelphia, drew a dirk upon a gentleman in the street, and was consequently arrested.—Dr. Hepburn, with an assistant, has charge of the new hospital at the city of Amoy, in China, under the patronage of the Medical Missionary Society.—Dr. C. G. Page, of Washington, D. C., has made a grand discovery in regard to the mode of conducting the magnetic telegraph.—Dr. J. B. Irving has been elected grand master of the Masonic Fraternity of South Carolina.—The influenza, attended with fever, prevails extensively at Washington, D. C.—In Greece, with a population of one million and a half, there is said to be only 85 licensed practitioners of medicine.—Preparations are making for another irregular institution, for manufacturing irregular practitioners, in Alabama.—Miss Browning, the Kentucky giantess, has been greatly reduced by sickness at Cincinnati, and now wishes to let herself for exhibition, to pay expenses.—A marine hospital is building at Key West.—A class of 290 are attending clinical lectures at the Blockley Hospital, Philadelphia.—Fewer medical students are represented to be in London, the present lecture season, than usual.—A statue of Sir Astley Cooper has been erected in St. Paul's Cathedral, raised by subscriptions from the profession.

TO CORRESPONDENTS.—Dr. BROWN's article on the use of cider in fevers has been received.—Dr. Hodgkin's essay on fever, which was published in the Journal of the 1st inst., was reported on by two of the committee to whom it was referred, in separate reports, one of which is inserted this week, and the other will be given next week.

MARRIED.—In this city, William T. Parker, M.D., to Miss Clementina Morse. In Taunton, Mass., Dr. Alfred S. Baylies to Miss Jane L. Richmond.—At Lexington, Ky., Dr. William W. Henderson, of Crittenden, Ky., to Miss Susan H. Parrish.

Number of deaths in Boston, for the week ending Jan. 11, 43—Males, 20; Females, 23. Stillborn, 2. Of consumption, 9—worms, 2—dropy on the brain, 2—cancer in the eye, 1—brain fever, 1—croup, 2—teething, 2—fever and ague, 1—scarlet fever, 4—paralysis, 1—infantile, 3—slow fever, 1—typhus fever, 3—hooping cough, 1—disease of the kidney, 1—tumor, 1—quinsy, 1—lung fever, 3—old age, 3—inflammation on the lungs, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 60 years, 16—over 60 years, 4.

The Valerianate of Quinine.—Dr. F. Devay, already known to the profession by his researches on the mode of action of the valerianate of zinc, has just published the result obtained with the valerianate of quinine, first described by Charles Bonaparte, prince of Canino, correspondent of the Academy of Sciences, Paris. This substance is not only useful in intermittent fevers, especially those produced by sudden moral emotions, in which the attacks are owing to the excited state of the nervous system, but likewise in all affections of a malignant, ataxic, or adynamic character. It is composed of one equivalent of valerianic acid, one of quinine, and two of water of crystallization; it crystallizes in octahedrons or hexahedrons, or in light, silken masses; offers a slight smell of valerianic acid; bitter taste; soluble in water, alcohol, and olive oil; decomposed by the mineral, and almost all the organic acids; at 194° F. it loses an equivalent of water and melts like resin; at a higher temperature it is decomposed, and mono-hydrated valerianic acid is disengaged; the aqueous solution, at 212° F., is also decomposed, and small globules, like oil, soluble in alcohol, insoluble in water, appear on the surface of the liquid. *Mode of preparation.*—It may be obtained by double decomposition, by mixing together the alcoholic solutions of the valerianate of lime, or baryta, and the sulphate of quinine; the following mode, however, though somewhat longer, is preferable:—to an alcoholic solution of quinine, add, first, valerianic acid in slight excess, and then twice as much distilled water; submit the whole to a gentle heat (not above 122° F.); as soon as all the alcohol is evaporated, the valerianate appears in beautiful crystals, which, after a few days, must be separated from the mother water and dried in the open air. The diseases in which it has been given are: *febris intermittens* (quotidian, tertian); one case had resisted, though gr. iv. of the sulphate of quinine had been administered for a dose; in another, the fever was complicated with delirium; and in a third with coma; finally, in two others, with ataxic, and ataxo-adyne symptoms. *Variola confluenta*, with ataxic symptoms. *Neuralgia faciei*. *Periodic neuropathia*. The dose is from gr. j. to gr. viij. per diem, in pills, or in a solution of gum arabic, in 3iiss. of which gr. x. of the valerianate may be dissolved; another advantage it presents, is, that being soluble in olive oil, it may be employed in frictions on the splenic region, in the following proportions:—R. Ol. olivæ, 3ij.; valerian. quinin., ʒj. M.—In neuralgia, the dose is generally gr. j., mixed with the most simple substances, to prevent its decomposition.—*Gaz. Medicale.*

Smallness of the Heart.—At a recent meeting of the Medical Society of London, Dr. Golding Bird related the case of a delicate married woman, 24 years of age, to whom he was called in consultation, she being laboring under mild continued fever. She was somewhat chlorotic, and suffered from palpitation and shortness of breath in going up stairs. She had several fainting fits the day before her death, and expired in one. When the body was examined, the heart was so small as, at first, to be quite overlooked. It was not larger than that of a child of 11 years of age; it was healthy in respect to its valvular apparatus, but its parietes, generally, were remarkably thin. The aorta, when laid open, measured only an inch and a half across. Several similar cases, as far as regarded the size of the heart, were mentioned by the members present.—*Lond. Med. Times.*